



Colorado Department
of Public Health
and Environment

Colorado Department of Public Health and Environment Drinking Water Compliance Assurance Unit

REPORTING FORM FOR E. COLI ANALYSES FOR THE LONG TERM 2 ENHANCED SURFACE WATER TREATMENT RULE

SAMPLER: FILL OUT ONE FORM FOR EACH SAMPLE

Is this a re-sample? YES ☐ or NO ☐

If yes, for what sample date? ___/___/___

Explanation for re-sample event _____

PWSID CO0 _____ COUNTY: _____ DATE COLLECTED: ___/___/___

SYSTEMS NAME: _____

SYSTEM MAILING ADDRESS: _____

Street address/PO Box

CITY

STATE

ZIP

FACILITY NAME: _____ FACILITY ID: _____

CONTACT PERSON: _____ PHONE: (____) _____

SAMPLE COLLECTED BY: _____ TIME COLLECTED: _____ am/pm

SOURCE WATER TYPE: ☐ FLOWING STREAM OR GWUDI INFLUENCED BY FLOWING STREAM

☐ LAKE/RESERVOIR OR GWUDI INFLUENCED BY LAKE/RESERVOIR

☐ OTHER: _____

STATE SAMPLING POINT CODE: _____ SOURCE(S) REPRESENTED: _____

SAMPLE MUST ARRIVE AT >0°C and <10°C!!

RETURN SAMPLE TO THE LAB ASAP (ANALYSIS REQUIRED WITHIN 30 HOURS)

For Laboratory Use Only Below This Line

LABORATORY SAMPLE #: _____ CLIENT NAME or ID# _____

LABORATORY NAME _____

LAB PHONE #: (____) _____ DATE RECEIVED IN LABORATORY ___/___/___

TEMPERATURE RECEIVED AT: _____ TIME RECEIVED: _____ am/pm

COMMENTS: _____

PARAMETER	RESULT	UNITS	STANDARD METHOD	LAB MDL	DATE ANALYZED
E. Coli		Colonies/100mL		Colonies/100mL	

Codes used:

Colonies/100mL = Colonies per 100 milliliters

Lab MDL = Laboratory Method Detection Level

BDL = Indicates that the compound was analyzed for, but was below the Lab MDL.

Reviewed & Approved by _____ Title _____

_____/_____/_____
Date

Please return this form to the Division no later than ten (10) days after the month following the month that the sample was taken (ex. results for samples taken in October are due by December 10th)

MAIL RESULTS TO: CDPHE, WQCD-CADM-B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

FAX: 303-758-1398
EMAIL: cdphe.drinkingwater@state.co.us

INSTRUCTIONS AND EXAMPLES

****DO NOT TAKE SAMPLE FROM HOSES OR THROUGH SCREENS****

*****DO NOT take your sample in the DISTRIBUTION SYSTEM*****

SAMPLER:

- Fill out one form for each sample
 - Fully complete the upper portion of the "REPORTING FORM FOR E.COLI ANALYSIS" and submit it to the laboratory with the filled sample bottle.
 - Label each bottle correctly and completely. Please be sure you use the same description you used on the paperwork.
1. **Is this a re-sample?** Check YES or NO
 2. **If yes, for what sample date?** Indicate original sample date
 3. **Enter the following information in the appropriate blanks:**
 - PWSID Number
 - County
 - Date of Sample Collection
 - Systems Name
 - System Mailing Address
 - Facility Name and ID
 - Contact Person's Name and Phone Number
 - Sampler's Name
 - Time Collected
 4. **Indicate the type of source water represented by the sample.** Samples must be of raw water and classified as a flowing stream source or lake/reservoir. Groundwater under the direct influence of surface water must indicate the influencing source.
 5. **Enter the State Sampling Point Code:** ALWAYS use state assigned sampling point ID numbers.
 6. **List the Source(s) Represented in this sample**

It is important that you have a sampling tap available for a raw sample. If your system does not have a sampling tap for raw water, every effort should be made to have one installed as soon as possible unless a grab sample can be taken.

If you have an unusual situation that we have not covered in these instructions, or you have other sampling questions please call (303) 692-3500 and ask to speak to the LT2 Drinking Water Rule Manager.